

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032816

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7729

FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

1 yr 1 mo

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Masonic Home of Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1340 Hodiament

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Ida

Middle

May

Last

Rector

4. DATE OF DEATH

August

Month

5,

Day

1962

Year

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6/11/82

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Cashier

10b. KIND OF BUSINESS OR INDUSTRY

Stevenson's Cafeteria

11. BIRTHPLACE (City and state or country)

Inman, Nebr.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charlie W. Swain

13b. MOTHER'S MAIDEN NAME

Elizabeth Jane Laney

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Masonic Home of Mo.

5351 Delmar Blvd

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Pneumonia (terminal)

Generalized arteriosclerosis

450.04

INTERVAL BETWEEN ONSET AND DEATH

3 days

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture of left hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell while getting off of commode

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

5-3-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/32/61

to 8/5/62

and last saw her alive on 8/5/62

Death occurred at 6:20 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold E. Walters M.D.

22b. ADDRESS

3720 Washington Shores

22c. DATE SIGNED

8-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal auto

23b. DATE

Aug 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

Brush Creek Cemetery

23d. LOCATION (City, town, or county)

Gray Summit, Missouri

(State)

24. FUNERAL DIRECTOR

Alexander & Sons, Inc. 6175 Delmar Blvd.

ADDRESS

25. DATE RECD. BY LOCAL REG.

AUG 8 1962

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

MEDICAL CERTIFICATE BY AFFIDAVIT OF DOCUMENT

Melvin P. Taylor
Carver 8-10-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.